Effective October 1, 2003 HE 0220												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			25			•	·R/	TE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE 385.00		OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			.2 5 minús 20=		. 5		X	X\$ 9=		OR	X\$18=	90
INDEPENDENT CLAIMS			5 minus 3 =		2		X.	X43=		OR	X86=	172
MULTIPLE DEPENDENT CLAIM PRESENT							+1	45=		OR	+290=	
• If the difference in column 1 is less than zero, enter *0" in column 2							TO	TAL		OR	TOTAL	1032
CLAIMS AS AMENDED - PART II											OTHER	THAN
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							ALL	ENTITY	OR	SMALL	
AMENDMENT A	21/15	REMAINING AFTER AMENDMENT	•	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.27	Minus	-2	\hat{S}	=	xs	9=		OR	X\$18=	
	Independent	*)	Minus	SENIDEÁIT	CLAMA		X4	3=		OR	X86 ≈	100 CC
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5=		OR	+290=	
										OR	TOTAL ADDIT, FEE	
ADDIT. FEE (Column 1)(Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* '	Minus	**		= .	. X\$	9=		OR	X\$18=	
AME	Independent FIRST PRESE	* NTATION OF MU	Minus	ENDENT	CI AIM	=	X4:	3=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=		OR	+290=	
	•						· ADDIT.	TAL FEE		OR ,	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)										·.	· ·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$)=		OR	X\$18=	
	Independent		Minus	***		= .	X43	=		OR	X86±	·
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			_				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR L	+290= TOTAL	
••••	f the "Highest Nu	noer Previously Pai niber Previously Paid ber Previously Paid	d For IN THIS	S SPACE is	less than	3, enter "3."	ADDIT.				IDDIT, FEE l IMN 1.	
_				<u> </u>					,·	•		

Application or Docket Number